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Letter to Editor

THE POOR KNOWLEDGE OF PRESCRIBED MEDICATIONS TO OUR TEEMING POPULATION. NEED TO IMPROVE PATIENTS EDUCATION

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Sir,

It is without doubt that the health care delivery in the country is presently heavily taxed. There are more patients demanding for care than are health care institutions and care givers.

The Honourable Minister for Health, Professor Babutunde Osotimehin recently bemoaned the poor state of our health care delivery and stated that "the current health situation is both deplorable and unacceptable". He further stated that "Nigeria has about 1.6 public primary care facilities per 10,000 people which is appreciably low" (Osotimehin, 2009).

Most of the state owned general hospitals are under funded and under-staffed, thereby are not able to render the desired level of services that are required. The health workers are not satisfied with the state of things, hoping for improvement and the populace is also not happy with the present situation.

The few health workers are subsequently, over-worked, often stretched to the limit of their patience, working in environment with a near constant power outages, poor laboratory services and pharmaceutical outlets.

The outcome of all of these negatives is that the patients care is not optimal, with frequent cases of alleged mis-diagnosis.

Due to the prolonged waiting time before patients are consulted by the physicians, most patients resort to self medications, purchasing drugs from across the counter without prescription. Most often, these purchases are ordered by chemist shop owners, and the identity of the drugs are not disclosed to the innocent long-suffering clients.

Also, because of the huge number of patients that has to been seen by the few attending physicians, the health worker usually do not have enough time to explain to the patient the rationale behind the choice of medications, their identity, possible adverse effects and probable expectations on completing the therapeutic doses.

This short-fall has led to our patients taking medicine that they cannot identify. If these patients are to be seen by any other physician in other health institutions, they are usually not able to list out the current medicines that they are taking. Often times, they may end up with fresh prescription. This leads to incomplete dosaging, even cross-reaction of medicines and prolonged ill-health due to hap hazardous dosing of drugs.

Patients need to be properly educated about their diagnosis, the reason for the choice of management, duration of management, and adverse effect to expect if any. This should include the identity of the medications given, rather than the general widespread practice of removing label from drug containers.

Sir, physician of all specialties need to be confident. A properly educated and advised patient will not go and buy drugs from across the counter in chemist shop, but will return to his care giver if the need arises.

Physicians are often concerned that patients will buy drug re-fill by themselves if they know the names of the presented medications, and by so doing will lead to loss of income to the physicians.

This is possible, but should not be the norm if we have enough time to explain issues to our client.

We recommend therefore that physicians should be encouraged to be up to date by regular continuing medical evaluations. The government should improve the economic situation of the country, increase the number of medical staff in hospital out and rehabilitate the hospitals.

REFERENCE

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